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INFORMATIONAL LETTER #2011-01

DATE:

March 30, 2011

TO:

ALL IDAHO SKILLED NURSING FACILITIES/NURSING FACILITIES (SNF/NF'S)

FROM:

DEBBY RANSOM, R.N., R.H.I.T., Chief

Bureau of Facility Standards

SUBJECT:

Guidelines for Locked Units

[This Informational Letter updates and replaces #94-3]

There are no regulations specific to locked units. Therefore, all the requirements must be met just as they are for unlocked areas.

The resident and/or the resident representative must be informed that the facility or the unit is locked prior to admission from outside the facility. They must be given the opportunity for informed choice/consent to the locked unit or facility which is restrictive/restraining.

LOCKED ENVIRONMENT. One of the problems found on locked units involves residents inappropriately placed or maintained in the locked environment when the resident has no need for the locks. This often occurs when a resident's mental or physical capacity deteriorates to the point that elopement is no longer a risk. This is an abridgment of the resident's rights as a citizen and can be cited at §483.10(a) — F151.

RESTRAINTS §483.13(a). The resident has the right to be free from restraint imposed for the purpose of convenience and not to treat the resident's medical symptoms.

"Convenience" is defined as any action taken by the facility to control a resident's behavior or manage a resident's behavior with a lesser amount of effort by the facility and not in the resident's best interests.

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The care of each resident must be based on the interdisciplinary team's assessment and plan of care. The facility must be able to show the following for each resident on the locked unit:

- 1. How the locked environment is in the best interest of the resident. The resident's specific behavior symptoms that make a locked environment necessary should be documented in an assessment.
- 2. Less restrictive means and measures that were attempted and proven to be unsuccessful. The attempts at less restrictive measures and the results must be clearly documented.
- 3. The ongoing need for a locked unit. The IDT should evaluate each resident quarterly to determine if the resident still needs the locked environment.
- 4. If the assessment demonstrates that the resident no longer benefits from the locked unit, what steps were taken. For example,
 - a. Trial placement on an unlocked unit.
 - b. Changing the device a resident wears from one that locks the doors when approached to one that only alarms when the doors are approached.

The resident's legal representative should be included in the decision-making process; however, the final decision should be based on meeting the resident's needs in the least restrictive way possible. The Guidance to Surveyors at F323 states:

"While Federal regulations affirm the resident's right to participate in care planning and to refuse treatment, the regulations do not create the right for a resident, legal surrogate, or representative to demand the facility use specific medical interventions or treatments that the facility deems inappropriate. The regulations hold the facility ultimately accountable for the resident's care and safety."

HOMELIKE ATMOSPHERE §483.15(h)(1) — F252. The locked unit is required to maintain a homelike atmosphere, with appropriate furnishings and decoration. The resident's personal space should be furnished with items belonging to the resident, giving him/her a connection with the past, or, at the least, of individual interest.

SUPERVISION §483.25(h)(2) — F323. Sometimes residents of locked units are seen wandering the halls, pacing, going in and out of other residents' rooms, and/or rummaging through other resident's belongings. This can lead to confrontations with other residents. Staff must provide adequate supervision to intervene in these behaviors,

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in accordance with the resident's plan of care. Many residents on these units need nearly continuous direction, as they are unable to structure their own time.

Staffing must be maintained at a level to ensure the safety of all residents. Facility management staff need to assess how well they are prepared to deal with a situation such as one resident becoming out of control. Please consider the following questions:

- 1. Are there enough staff in the unit at all times to maintain control?
- 2. Can staff outside the unit doors hear calls for help? If not, is there an electronic means for summoning help?
- 3. Of the staff immediately available at any given time, is anyone knowledgeable in handling resident behaviors?
- 4. Do staff know whom to call if attempts to gain control of a behavioral situation are not successful?

Staff need to be trained in the specific needs of this clientele. It is critical that staff know how to intervene in problem behaviors <u>before</u> confrontations occur.

ACTIVITIES §483.15(f) — F248. Activities and supervision are closely interwoven. A structured activities program that is based on resident needs, abilities, and identified interests, is of vital importance to the overall functioning of the unit and safety of the residents. The MDS 3.0 provides valuable information related to activity needs and interests of the resident. Activity preferences that are coded as very important to the resident should be clearly reflected in the activity care plan.

ABUSE §483.13(b) — F223. The facility is responsible to ensure that all residents are free from abuse. Facility practices that result in physical, verbal, mental, or sexual abuse can result in a survey finding of immediate jeopardy. For detailed guidance regarding abuse/neglect reporting and investigating, see Informational Letter #2005-1.

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Bureau of Facility Standards

DR/nm

c: Idaho Health Care Association